Charts of Selected Black vs. White Chronic Disease SHIP Metrics:

Northeast Maryland Counties
(Cecil and Harford)

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Table of Contents

Introduction 3

Heart Disease Mortality 4

Cancer Mortality 5

Diabetes ED Visits 6

Hypertension ED Visits 7

Asthma ED Visits 8

Adults at Healthy Weight 9

Adult Cigarette Smoking 10

Conclusions 11

Introduction

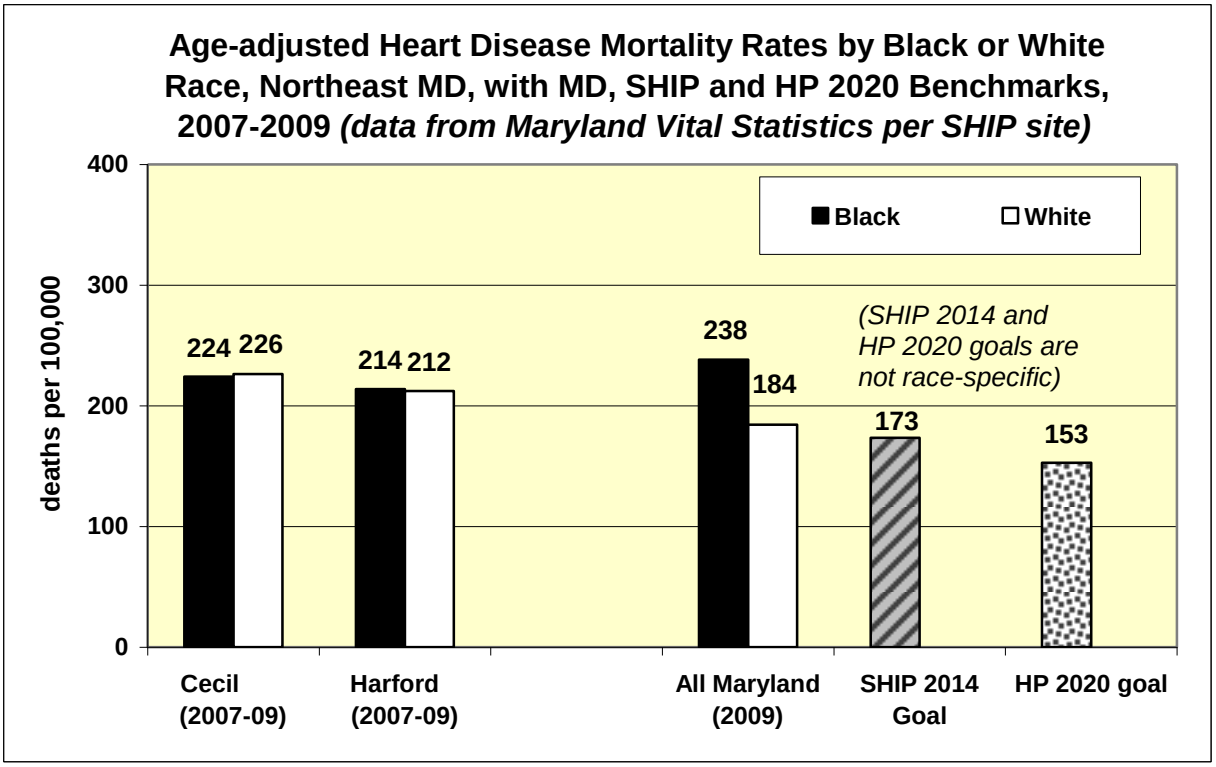
The Office of Minority Health and Health Disparities (MHHD) at the Department of Health and Mental Hygiene is committed to assisting the SHIP local planning groups in identifying issues of poor minority health and minority health disparities in their jurisdictions, and incorporating effective minority health improvement strategies into their local health improvement plans.

As a first step in this assistance process, MHHD is providing this document - *Charts of Selected Black vs. White Chronic Disease SHIP Metrics* - which provides a graphical display of the Black and White baseline values for selected chronic disease SHIP metrics in the Northeast Maryland counties. The included metrics are heart disease and cancer mortality rates, emergency department visits for diabetes, hypertension, and asthma, and the percent of adults at healthy weight or who are current smokers.

We have chosen to focus on these chronic disease metrics for two reasons. The first is that they represent leading causes of mortality (heart disease and cancer mortality, hypertension as a risk factor for stroke), leading causes of preventable utilization (diabetes, hypertension and asthma), or risk factors for a variety of chronic diseases (diabetes, hypertension, smoking and obesity). The second is that these metrics are consistent with the areas of emphasis of the Health Disparities Workgroup of the Maryland Health Quality and Cost Council. In their report, available at http://www.dhmh.maryland.gov/mhqcc/Documents/Health-Disparities-Workgroup-Report-1-12-2012.pdf , the Workgroup identified lung disease (especially asthma), cardiovascular disease, and diabetes as areas with exceptionally large disparities in preventable hospitalizations. Improving minority outcomes in these areas will both reduce disparities and result in cost savings.

It has been said that a picture is worth a thousand words. It is hoped that this graphical display of these local SHIP minority health metrics will help the local planning groups identify some of the important minority health issues in their jurisdictions.

Heart Disease Mortality

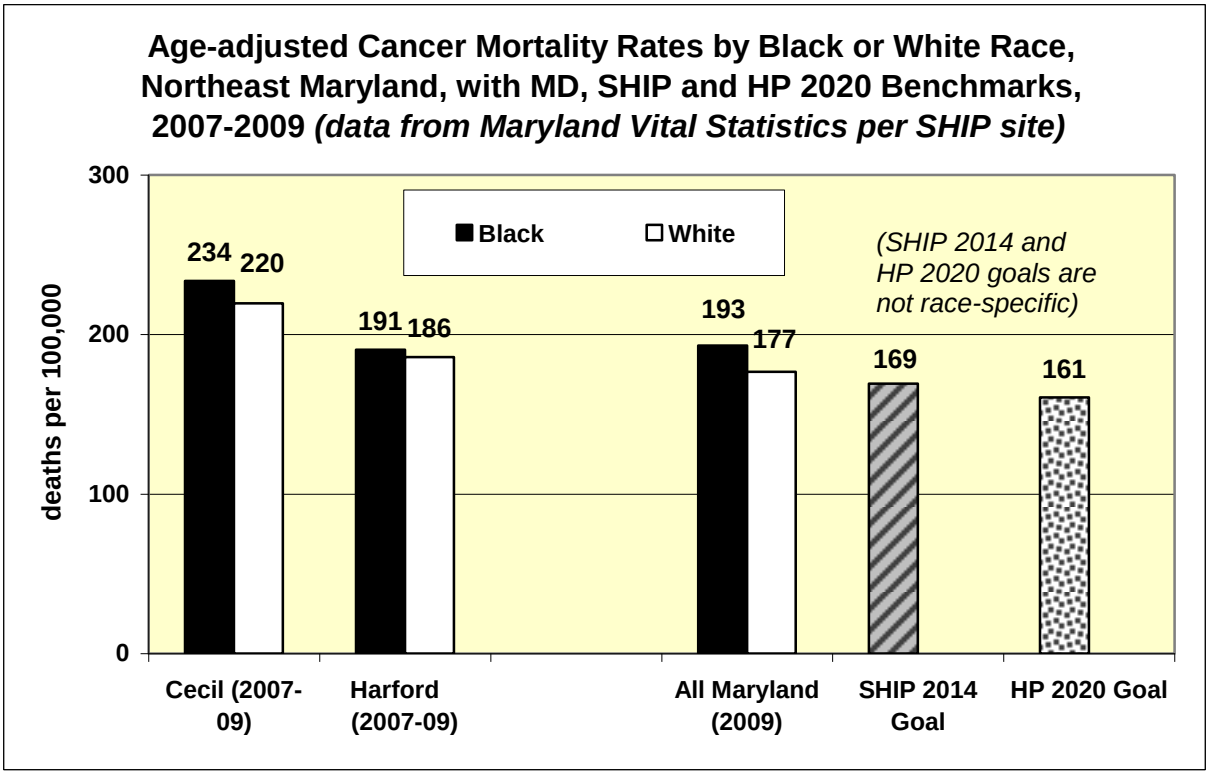


The chart above is a display of the heart disease mortality SHIP metric values (Objective 25) as published in the current SHIP County Health Profiles for the two Northeast Maryland Counties. Age-adjusted mortality rates are shown for Black or White race, along with the race-specific Maryland Statewide rates and the SHIP 2014 and HP 2020 goals for comparison.

Cecil County: The Black rate in the County is lower than the Statewide Black rate, and somewhat higher than the Harford County Black rate. It is similar to the County White rate, higher than the SHIP 2014 goal, and higher than the HP 2020 goal. Due to its small Black population, an annual trend line for Black heart disease mortality could not be constructed in CDC Wonder. The White rate in Cecil is higher than the Statewide White rate and higher than the Harford White rate. It is similar to the Cecil Black rate, higher than the SHIP 2014 goal, and higher than the HP 2020 goal. The White heart disease death rate in Cecil declined by about 10 deaths per year per 100,000 population from 2000 to 2008 (*CDC Wonder Data, not shown*).

Harford County: The Black rate in the County is lower than the Statewide Black rate, and somewhat lower than the Cecil County Black rate. It is similar to the County White rate, higher than the SHIP 2014 goal, and higher than the HP 2020 goal. The White rate in Harford is higher than the Statewide White rate and lower than the Cecil White rate. It is similar to the Harford Black rate, higher than the SHIP 2014 goal, and higher than the HP 2020 goal. The Black heart disease death rate in Harford declined by about 20 deaths per year per 100,000 population from 2000 to 2008. The White heart disease death rate declined more slowly, by about 10 deaths per year per 100,000 population during that time. This resulted in the reduction of the disparity to near zero (*CDC Wonder Data, not shown*).

Cancer Mortality

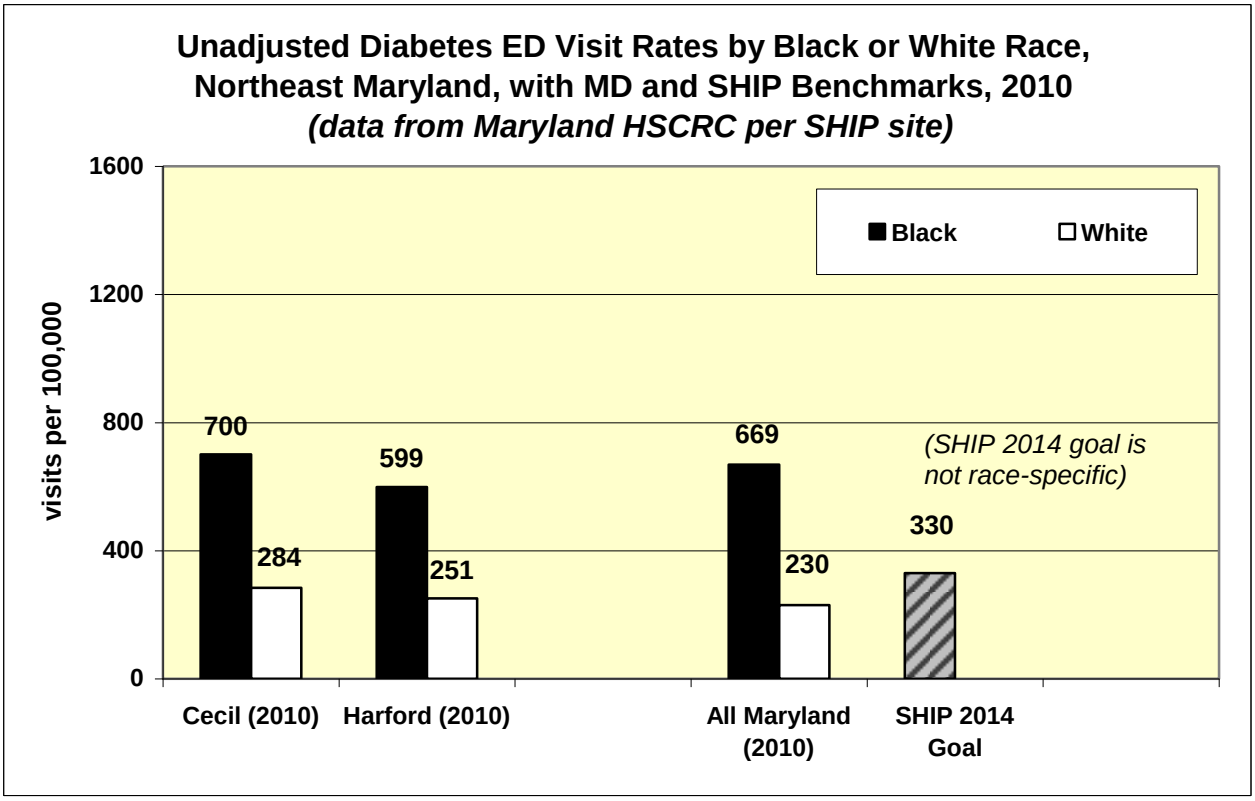


The chart above is a display of the cancer mortality SHIP metric values (Objective 26) as published in the current SHIP County Health Profiles for the two Northeast Maryland Counties. Age-adjusted mortality rates are shown for Black or White race, along with the race-specific Maryland Statewide rates and the SHIP 2014 and HP 2020 goals for comparison.

Cecil County: The Black rate in the County is higher than the Statewide Black rate, and higher than the Harford County Black rate. It is somewhat higher than the County White rate, higher than the SHIP 2014 goal, and higher than the HP 2020 goal. Due to its small Black population, an annual trend line for Black cancer mortality could not be constructed in CDC Wonder. The White rate in Cecil is higher than the Statewide White rate and higher than the Harford White rate. It is somewhat lower than the Cecil Black rate, higher than the SHIP 2014 goal, and higher than the HP 2020 goal. The White heart disease death rate in Cecil declined by about 1 death per year per 100,000 population from 2000 to 2008 (*CDC Wonder Data, not shown*).

Harford County: The Black rate in the County is similar to the Statewide Black rate, and lower than the Cecil County Black rate. It is somewhat higher than the County White rate, higher than the SHIP 2014 goal, and higher than the HP 2020 goal. The White rate in Harford is somewhat higher than the Statewide White rate and lower than the Cecil White rate. It is somewhat lower than the Harford Black rate, higher than the SHIP 2014 goal, and higher than the HP 2020 goal. The Black cancer death rate in Harford declined by only 0.23 deaths per year per 100,000 population from 2000 to 2008. The White heart disease death rate declined by about 1 death per year per 100,000 population during that time. This resulted in a small increase in the disparity, with both groups making very slow improvements (*CDC Wonder Data, not shown*).

Diabetes ED Visits



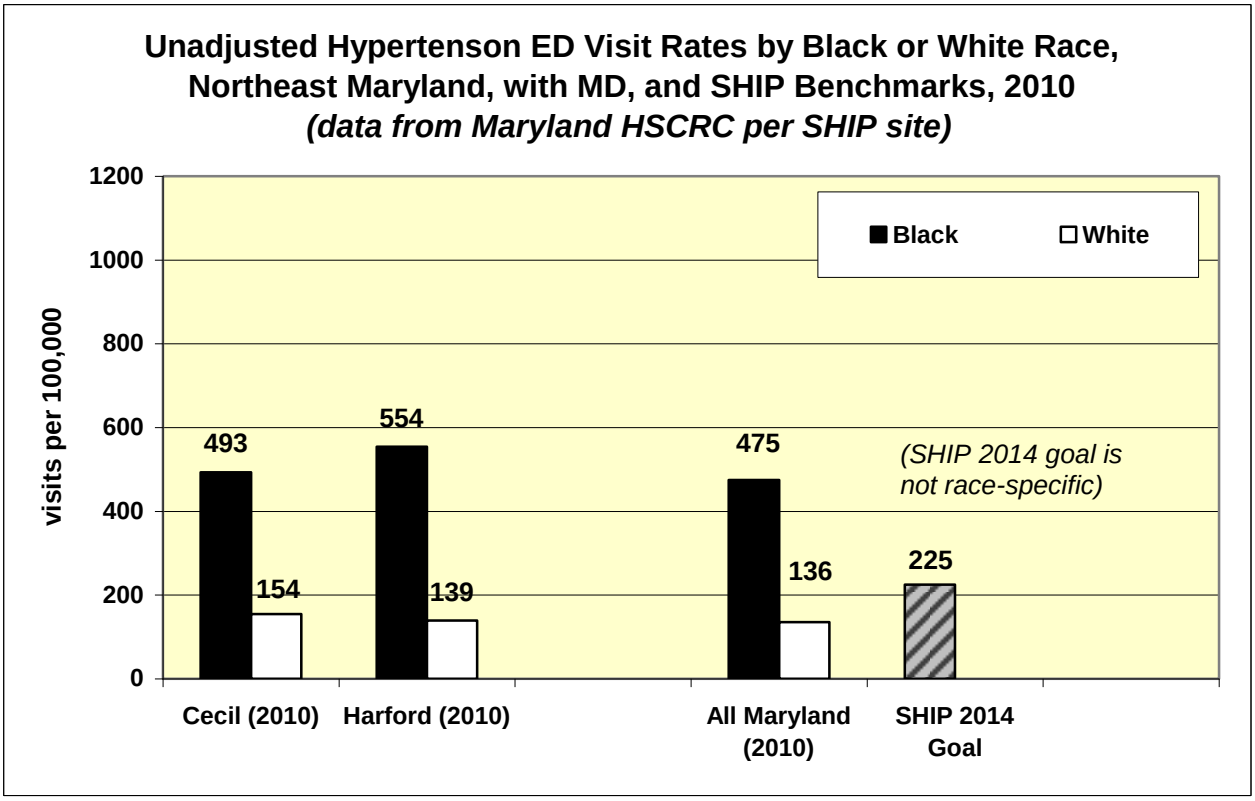
The chart above is a display of the Diabetes Emergency Department (ED) visit SHIP metric values (Objective 27) as published in the current SHIP County Health Profiles for the two Northeast Maryland Counties. Unadjusted ED visit rates are shown for Black or White race, along with race-specific Maryland Statewide rates and the SHIP 2014 goal.

There is one important consideration when interpreting ED visit rates. A low rate may represent good health and/or good disease control, but it may also represent limited access to care, incomplete collection of race and ethnicity (missing data) or may be due to a lot of care going out of state (not captured in the HSCRC data). Emergency department visits out-of-state likely make the rates displayed above underestimates of the true rates for these counties.

Cecil County: The Black rate in the County is higher than the Statewide Black rate, and higher than the Harford County Black rate. It is considerably higher than the County White rate and the SHIP 2014 goal. The White rate in Cecil is higher than the Statewide White rate and higher than the Harford White rate. It is considerably lower than the Cecil Black rate and lower than the SHIP 2014 goal

Harford County: The Black rate in the County is lower than the Statewide Black rate, and lower than the Cecil County Black rate. It is considerably higher than the County White rate and higher than the SHIP 2014 goal. The White rate in Harford is higher than the Statewide White rate and lower than the Cecil White rate. It is considerably lower than the Harford Black rate, and lower than the SHIP 2014 goal.

Hypertension ED Visits



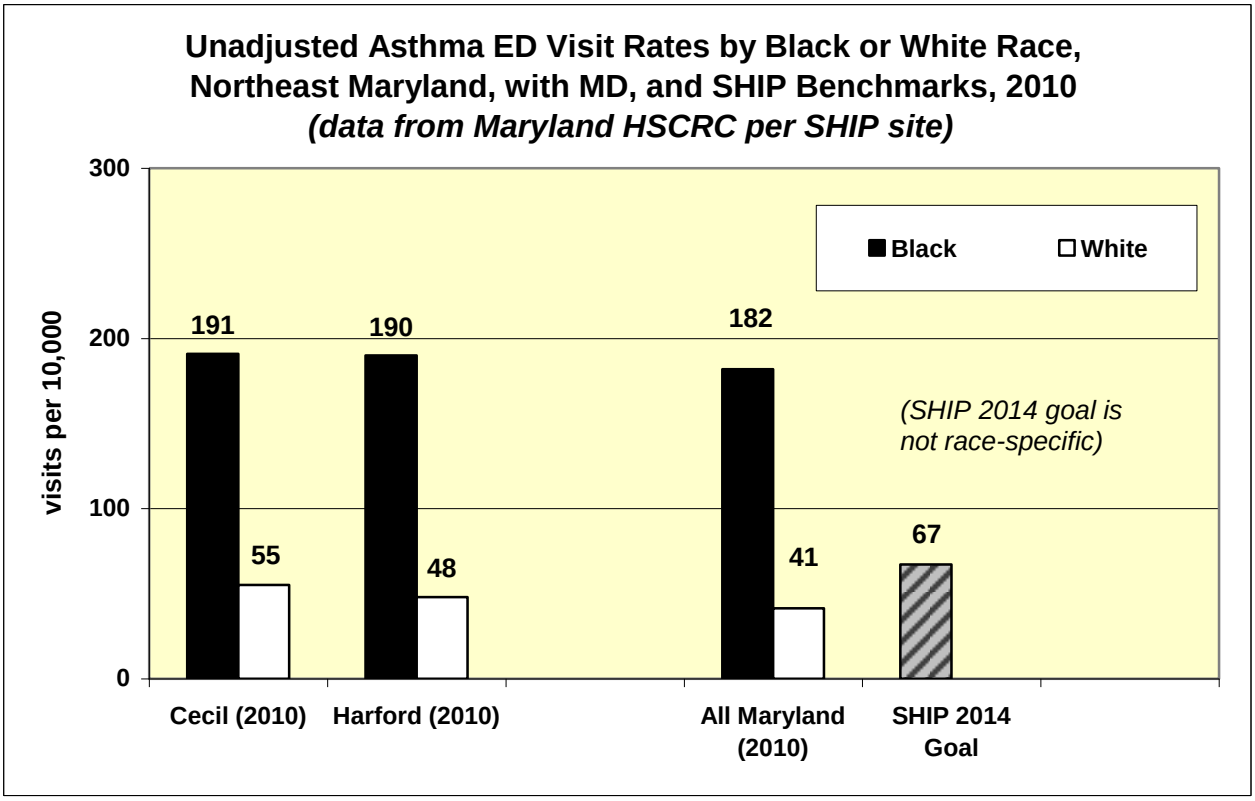
The chart above is a display of the Hypertension Emergency Department (ED) visit SHIP metric values (Objective 28) as published in the current SHIP County Health Profiles for the two Northeast Maryland Counties. Unadjusted ED visit rates are shown for Black or White race, along with the race-specific Maryland Statewide rates and the SHIP 2014 goal for comparison

There is one important consideration when interpreting ED visit rates. A low rate may represent good health and/or good disease control, but it may also represent limited access to care, incomplete collection of race and ethnicity (missing data) or may be due to a lot of care going out of state (not captured in the HSCRC data). Emergency department visits out-of-state likely make the rates displayed above underestimates of the true rates for these counties.

Cecil County: The Black rate in the County is higher than the Statewide Black rate, and lower than the Harford County Black rate. It is considerably higher than the County White rate and the SHIP 2014 goal. The White rate in Cecil is higher than the Statewide White rate and higher than the Harford White rate. It is considerably lower than the Cecil Black rate and lower than the SHIP 2014 goal

Harford County: The Black rate in the County is higher than the Statewide Black rate, and higher than the Cecil County Black rate. It is considerably higher than the County White rate and higher than the SHIP 2014 goal. The White rate in Harford is similar to the Statewide White rate and lower than the Cecil White rate. It is considerably lower than the Harford Black rate, and lower than the SHIP 2014 goal.

Asthma ED Visits



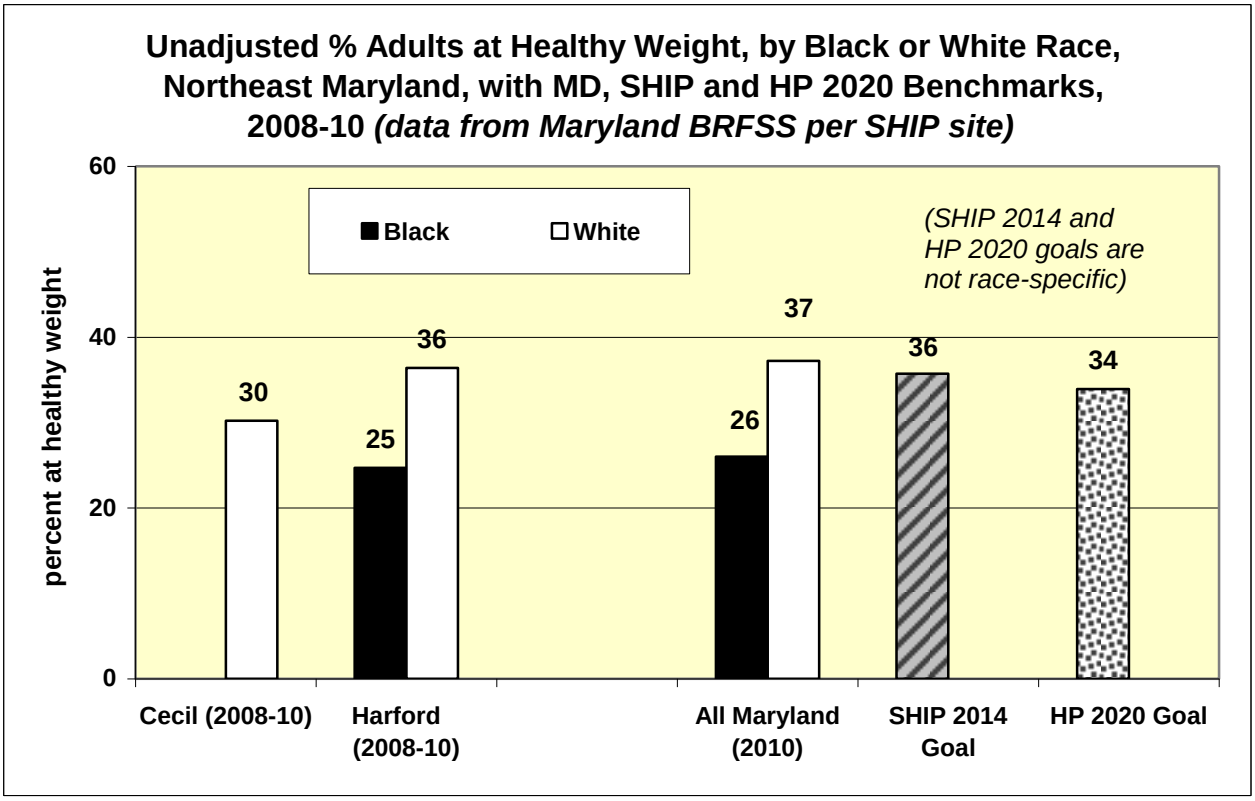
The chart above is a display of the Asthma Emergency Department (ED) visit SHIP metric values (Objective 17) as published in the current SHIP County Health Profiles for the two Northeast Maryland Counties. Unadjusted ED visit rates are shown for Black or White race, along with the race-specific Maryland Statewide rates and SHIP 2014 goal.

There is one important consideration when interpreting ED visit rates. A low rate may represent good health and/or good disease control, but it may also represent limited access to care, incomplete collection of race and ethnicity (missing data) or may be due to a lot of care going out of state (not captured in the HSCRC data). Emergency department visits out-of-state likely make the rates displayed above underestimates of the true rates for these counties.

Cecil County: The Black rate in the County is somewhat higher than the Statewide Black rate, and similar to the Harford County Black rate. It is considerably higher than the County White rate and the SHIP 2014 goal. The White rate in Cecil is higher than the Statewide White rate and somewhat higher than the Harford White rate. It is considerably lower than the Cecil Black rate and lower than the SHIP 2014 goal

Harford County: The Black rate in the County is higher than the Statewide Black rate, and similar to the Cecil County Black rate. It is considerably higher than the County White rate and higher than the SHIP 2014 goal. The White rate in Harford is somewhat higher than the Statewide White rate and somewhat lower than the Cecil White rate. It is considerably lower than the Harford Black rate, and lower than the SHIP 2014 goal.

Adults at Healthy Weight



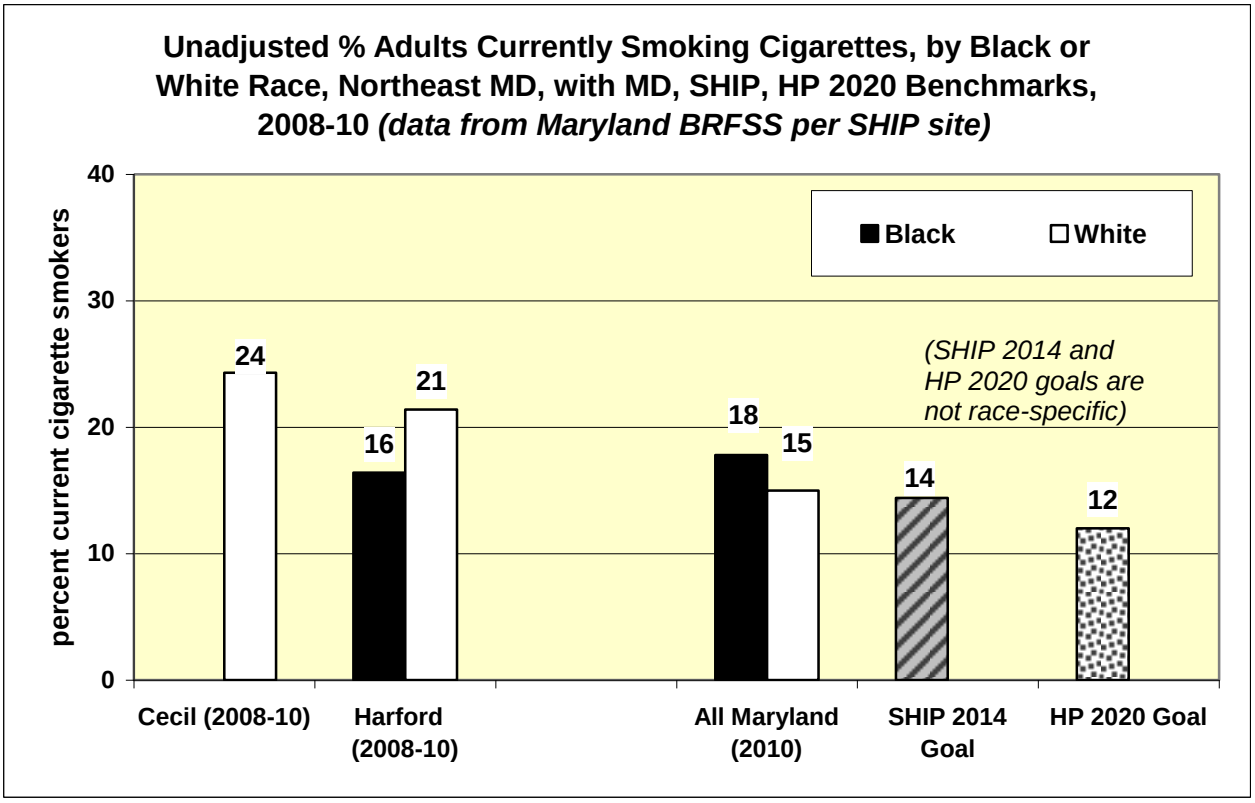
The chart above is a display of the adult at healthy weight SHIP metric values (Objective 30) as published in the current SHIP County Health Profiles for the two Northeast Maryland Counties. Unadjusted percent at healthy weight is shown for Black or White race in each county, along with the race-specific Maryland Statewide rates and the SHIP 2014 and HP 2020 goals for comparison, except that the Black BRFSS sample in Cecil was too small to report a rate.

Unlike the other charts in this document, for this metric higher is better.

Cecil County: The White rate in the County is below the Harford White rate, the Statewide White rate, the SHIP 2014 goal and the HP 2020 goal.

Harford County: The Black rate in the County is similar to the Statewide Black rate. It is below the County White rate and below the SHIP 2014 goal and the HP 2020 goal. The White rate in the County is similar to the Statewide White rate, the SHIP 2014 goal and the HP 2020 goal.

Adult Cigarette Smoking



The chart above is a display of the current adult smoking at healthy weight SHIP metric values (Objective 32) as published in the current SHIP County Health Profiles for the two Northeast Maryland Counties. Unadjusted percent current smokers is shown for Black or White race for each county, along with the race-specific Maryland Statewide rates and the SHIP 2014 and HP 2020 goals for comparison, except that the Black BRFSS sample in Cecil was too small to report a rate.

Cecil County: The White rate in the County is similar to the Harford White rate and higher than the Statewide White rate, the SHIP 2014 goal and the HP 2020 goal.

Harford County: The Black rate in the County is similar to the Statewide Black rate. It is below the County White rate, similar to the SHIP 2014 goal, and somewhat above the HP 2020 goal. The White rate in the County is above the Statewide White rate, the SHIP 2014 goal and the HP 2020 goal.

Conclusions

The charts presented here suggest that some of the largest disparities between Blacks and Whites are seen for emergency department (ED) visit rates for diabetes, asthma and hypertension. In both counties, the Black rates are typically 2- to 4-fold higher than the corresponding White rates. There is a potential for underestimation of both the Black and White emergency department visit rates in the Northeast region of Maryland due to the absence of our-of-state visits to emergency departments in the HSCRC data base.

The adults at healthy weight metric is lower (worse) for Blacks in Harford and in Maryland as a whole (data not available for Cecil). Harford is similar to the State for both races, and Cecil is worse than the State for Whites.

For adult smoking, Blacks fare better than Whites in Harford, but somewhat worse than Whites Statewide (data not available for Cecil). Whites do worse in both counties than in the State.

For heart disease mortality, neither county currently shows a Black to White disparity. For both races, Cecil rates are only slightly higher than Harford rates. The Black rates in both counties are lower than the Statewide Black rates, while the White rates in both counties are higher than the Statewide White rates.

For cancer mortality, Black rates are somewhat higher than White rates in both counties, which is a smaller difference than is seen Statewide. The rates in Cecil are higher than the rates in Harford. Both races in Cecil are worse than Statewide; in Harford Blacks are similar to Statewide while Whites are worse than Statewide.

The very large disparities in ED visit rates seen Statewide are one reason why the Health Disparities Workgroup of the Maryland Health Quality and Cost Council focused on disparities in ED visits and hospital admissions. These are also areas where successful interventions can show benefits in a relatively short time. Interventions that reduce rates of un-insurance, improve provider availability, and provide support for chronic disease self-care at home hold promise to reduce this preventable utilization. These programs need to be adapted to the unique cultural, linguistic, and health literacy needs of minority populations, and delivered to those communities in a targeted way.

There are five general strategies that can be applied to almost any intervention to improve its impact on minority populations:

1. Racial and ethnic data collection, analysis, and reporting;
2. Inclusion of minority persons in planning, and outreach to minority communities in the delivery of programs and services;
3. Cultural, linguistic, and health literacy competency of program staff and materials;
4. Racial and ethnic diversity of the program workforce; and
5. Attention to the social determinants of health.